

CHAPTER 3. OUTPATIENT DENTAL PROGRAM

SECTION I. GENERAL

3.01 LIAISON AND PROFESSIONAL RELATIONS WITH DENTAL ASSOCIATIONS, PARTICIPATING DENTISTS AND OTHER DEPARTMENTS WITHIN THE VA

The Chief, Dental Service, will maintain close liaison and good professional relations with dental associations and dentists participating in the outpatient dental program. All professional correspondence will be signed by or for the Chief, Dental Service. Matters pertaining to interpretation of policy or mandatory procedures will be transmitted via a Director's letter to the Associate Deputy Chief Medical Director (16), VA Central Office, for clarification, when indicated. The administrative responsibilities of the Chief, Dental Service, in connection with the outpatient dental program, are contained in M-1, part I, chapter 19. VA dentists may be detailed to the Adjudication Division for part-time duty to serve as dental rating specialists where the dental rating activity does not justify the employment of a full-time dental rating specialist.

3.02 MAXIMUM USE OF VA DENTAL RESOURCES FOR TREATMENT OF ELIGIBLE SERVICE-CONNECTED VETERANS

Outpatient dental treatment for eligible veterans will be provided in VA Dental Services by staff dentists to the maximum extent possible. This will be accomplished by strict adherence to the policies on priorities and extent of care put forth in paragraph 1.04 of this manual. Paragraph 3.13a outlines the limited instances in which referral to participating private sector dentists on a fee basis is permissible. All VA dentists are expected to be knowledgeable concerning dentistry's role in the mission of the VA and each dentist's responsibility in (a) establishing and maintaining priorities of care (b) understanding and exercising constraints in extent of care consistent with VA obligation, and (c) properly terminating care when indicated.

3.03 PERSONS ELIGIBLE FOR OUTPATIENT DENTAL CARE

a. **Classes I Through VI Dental Beneficiaries.** Outpatient dental benefits will be furnished veterans in accordance with the provisions of existing legislation and regulations promulgated by the Administrator. Those specified as eligible to be authorized dental care on an outpatient basis are defined, and their entitlements described, in 38 CFR 17.123. Further vital references for the administration of the dental outpatient program are contained in 38 CFR 17.120, 17.123 (a)(b)(c), 17.124. The following definitions of classifications of eligible dental outpatients are not complete as to entitlements and restrictions. The actual statutes and VA regulations from which they are derived must be referred to in order to properly administer the program.

(1) **Class I.** Those having a service-connected compensable dental disability or condition are eligible for any needed dental care (38 U.S.C. 612(b)(1) as implemented by 38 CFR 17.123 (a).)

(2) **Class II.** Those having service-connected noncompensable dental conditions or disability shown to have been in existence at time of discharge or release from active duty (taking place after September 30, 1981) may be authorized any treatment as reasonably necessary for the one-time correction of the service-connection noncompensable condition, but only if:

(a) They are discharged or released under conditions other than dishonorable, from a period of active military service of not less than 180 days.

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(b) Application for treatment is made within 90 days after such discharge or release.

(c) The certificate of discharge or release does not bear certification that the veteran was provided, within the 90-day period immediately before such discharge or release, a complete dental examination (including dental xrays) and all appropriate dental treatment indicated by the examination to be needed (38 U.S.C. 612(b)(2) as implemented by 38 CFR 17.123(B).)

(3) **Class II(a).** Those having a service-connected noncompensable dental condition or disability adjudicated as resulting from combat wounds or service trauma are eligible for repeat care for the service-connected condition(s) (38 U.S.C. 612(b)(3) as implemented by 38 CFR 17.123 (c).)

(4) **Class II(b).** Those having a service-connected noncompensable dental condition or disability and who were prisoners of war for less than 6 months are eligible for repeat care for the service-connected condition(s) (38 U.S.C. 612(b)(4) as implemented by 38 CFR 17.123 (d).)

(5) **Class II(c).** Those who were prisoners of war for 6 months or more are eligible for any needed dental care (38 U.S.C. 612(b)(7) as implemented by 38 CFR 17.123 (e).)

(6) **Class III.** Those having a dental condition professionally determined by the VA to be currently aggravating a service-connected medical condition are eligible for dental care to satisfactorily resolve the problem. Each episode of dental care must be predicated on application, followed by professional judgmental decision (38 U.S.C. 612(b)(4) as implemented by 38 CFR 17.121 (g).)

(7) **Class IV.** Those whose service-connected disabilities have been rated at 100 percent or who are receiving the 100 percent rate by reason of individual unemployability are eligible for any needed dental care (38 U.S.C. 612(b)(8) as implemented by 38 CFR 17.123 (H).)

(8) **Class V.** A service-connected, disabled veteran who has been approved by the VA for vocational rehabilitation training and for whom an objective has been selected, or who is pursuing this training, may be provided dental care to the extent it is professionally determined necessary to (a) make it possible to enter the course of training, (b) prevent interruption of the training, (c) hasten the return to training status which became interrupted because of a dental condition or, (d) overcome significant adverse esthetic or speech problems where specific goals of rehabilitation, including employability, would not be achievable due to the uncorrected dental handicap (38 CFR 17.123 (i).)

(9) **Class VI.** Those who served in the active military or naval forces during the Spanish-American War, including the Philippine Insurrection and the Boxer Rebellion or the Indian Wars are eligible for any needed dental care, on a repeat basis (38 U.S.C. 612(1)(F) as implemented by 38 CFR 17.123 (j).)

b. Prioritization of Care and Use of VA Resources in the Treatment of Classes I-VI Dental Outpatients. Veterans who are eligible for Classes I-VI outpatient dental benefits will be provided dental treatment by all VA Dental Services to the maximum extent practicable. This will be accomplished without compromise of emergency dental care and dental care having a direct bearing on the medical needs of inpatients. The resources of each facility's Dental Service must

be reserved and allocated primarily for its effective responsiveness to the inpatient and Classes I-VI outpatient needs. To this end, no commitment will be made for the continuation of inpatient dental care following discharge unless it is professionally determined to be essential or the veteran is eligible to receive the remaining care under Classes I-VI eligibility (38 U.S.C. 610(c).)

c. **Other Veteran Dental Beneficiaries.** Veterans who have no service-connected entitlement to outpatient dental care may be provided outpatient dental treatment on an OPT/NSC basis, within the limits of VA facilities, only when both of the following requirements are met:

(1) The treatment is a continuation of dental treatment which was begun while the veteran was receiving hospital care, and,

(2) The Chief, Dental Service, or professional designee, determines, at the time of hospital discharge, that the continuation or completion of such care remains necessary in relation to the medical problem(s) for which it was initially prescribed (38 U.S.C. 612(1)(E).)

d. **Other Beneficiaries.** Other beneficiaries who may be eligible for dental care in VA dental clinics on an outpatient basis, subject to and consistent with the provisions of existing laws, the stipulations of VA regulations and the availability of VA space, facilities and staff are:

(1) **Armed Forces Personnel on Active Duty** (38 U.S.C. 611 and 4115 as implemented by 38 CFR 17.60 (a), 17.62.)

(a) Authority from the Commanding Officer of the military installation should accompany the request for dental treatment. However, if extenuating circumstances are present, treatment of an emergent dental condition may be accomplished prior to the receipt of authority.

(b) Emergency dental treatment for members of the Armed Forces on active duty will be limited to such treatment as is found necessary for the relief of pain, and control of acute infection, trauma or hemorrhage.

(2) **Military Retirees.** Since there is no legal authorization for interagency reimbursement, retired members of the uniformed services are not to be provided outpatient dental care unless one of the following conditions applies:

(a) The retiree qualifies for dental treatment as an eligible veteran under the provisions cited in a or c of this paragraph (3.03 a,c).

(b) VA dental care of retirees is a provision of a jointly approved sharing agreement between a VA facility and a DoD unit.

(c) Treatment is specifically pre-authorized by DoD on DoD Form 2161.

(d) The retiree presents to a VA medical facility with an acute dental problem that qualifies for emergency dental treatment under the provisions of paragraph 3.05. In accordance with that paragraph, however, the retiree would be individually billed for any treatment rendered. Any effort to receive reimbursement from the DoD will be the responsibility of the retiree.

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(3) **Allied Beneficiaries.** Dental care may be provided for persons who are pensioners of nations allied with the United States in World War I and World War II when they are properly referred by authorized officials under the conditions stipulated by the Administrator (38 U.S.C. 109(a) as implemented by 38 CFR 17.60.)

(4) **VA Employees.** Emergency dental treatment for VA employees may be provided only to the extent necessary to permit employees to remain on duty. Employees with emergency conditions for which followup care or complications would be anticipated will be advised to seek private care. Injuries incurred in performance of duty will receive necessary emergency treatment. Procedures applicable in obtaining such treatment and administrative limitations pertaining thereto are set forth in MP-5 part I, chapter 792, paragraph 7. (5 U.S.C. 7901 and 8103 as implemented by 38 CFR 17.60 (b))

(5) **Beneficiaries of Sharing Agreements.** Sharing resources with community facilities and other federal, state or local governmental agencies can enhance mutual efficiency and economy of operations. Entering into sharing arrangements on that basis is encouraged. Several generic arrangements are possible:

- (a) The non-VA agency provides services for which the VA facility pays.
- (b) The VA facility provides services for which the non-VA agency pays.
- (c) Combinations of the above.

Basic authority for sharing specialized medical resources is provided in Pub. L. 89-785; for VA/DoD agreements, in Pub. L. 97-174. Codification is in 38 U.S.C. 5011, and 5051 through 5053. A number of VA and DM&S directives provide implementation and guidance. Agreements are generally initiated and developed at VA facility level, but are subject to VA Central Office review and approval. In those instances where the VA is providing services for a non-VA agency, the beneficiaries of the care are considered legitimate workload for the VA, but it is emphasized that such care must not reduce or otherwise compromise the treatment services to veterans. The dental service chief or designee should be involved in the negotiations when dental care is part of a proposed sharing agreement and must be prepared to act upon workload estimates and to provide reasonable costing information in accordance with existing guidelines.

e. Notification of and Charges for Treatment Provided to Other Beneficiaries. The Federal agency concerned will be notified of the dental treatment provided and records of such services will be referred to Medical Administration Service for further administrative processing. (38 U.S.C. 4115 as implemented by 38 CFR 17.62)

3.04 PERSONS NOT ELIGIBLE FOR OUTPATIENT DENTAL CARE

While the basic authorities for outpatient dental care are set forth in subsections (a), (e) and (f) of section 612, title 38, United States Code, subsection (b) describes the specifications for as well as limitations to these authorities. There is no legal authority to initiate dental care for any category of veterans discussed under section 612 (a) through (h) unless it is further described or specified under section 612(b); therefore, dental services are excluded from participation in VA PBC (Pre-Bed Care) program and dental treatment cannot be authorized

for purposes of preparation for hospitalization. The VA Ambulatory Health Care Program is designed to provide treatment on an outpatient basis which will serve to obviate or avoid the need for hospitalization. However, since there is no legal basis for dental services to participate in this program, there is no authority to provide outpatient dental treatment to avoid hospitalization. Anyone who is referred to a dental service for emergency dental treatment, without established legal eligibility to receive outpatient dental care, will be subject to the procedures and provisions of paragraph 3.05 which follows.

3.05 EMERGENCY OUTPATIENT DENTAL TREATMENT PROVIDED BY VA STAFF

Under certain conditions, outpatient emergency dental care may be provided as a humanitarian service to individuals who do not have established dental eligibility. Such treatment will be restricted to the alleviation of acute pain, infection or trauma, or the remediation of any dental condition which is determined to be a serious threat to health or endangering life itself. The provision of emergency dental treatment will not entitle the applicant to further dental treatment unless the person is found to have eligibility for VA outpatient dental care. Individuals provided emergency dental treatment who are indeed ineligible for such care will be billed in accordance with paragraphs f and g (38 U.S.C. 210(c) as implemented by 38 CFR 17.124.) Procedures are as follows:

a. Veterans presenting at VA medical facilities requesting treatment for acute pain, infection or trauma of the dental/oral area will initially be seen in the reception/admission area for administrative processing and triage. Application procedures will be in accordance with relevant provisions of M-1, part I, chapters 16 and 19. Triage will include, if applicable, verification of any service-connected medical disability for which there is a potential for adjunct (Class III) dental care.

b. Except in cases of significant hemorrhage or similarly acute situations, appropriate MAS (Medical Administration Service) personnel will determine the applicant's eligibility for outpatient dental treatment prior to the referral of the patient to the Dental Service for clinical evaluation.

c. If the patient has no eligibility or limited eligibility for outpatient dental care, the patient will be informed of this fact by MAS personnel and advised that if emergency treatment is provided for which no entitlement exists, the patient will be billed for the treatment in accordance with M-1 part I chapter 15. Further, the patient will be informed that the VA is under severe restrictions with regard to the extent of emergency treatment that can be given, and that followup treatment or further remedial care must be sought out and received in the private sector. This information will be provided so the applicant seeking emergency dental care can make a judgment, prior to referral to the dental service, whether to seek emergency treatment from community resources or from the VA. If the applicant decides to seek treatment from the VA, the MAS eligibility clerk will sign the statement of ineligibility in Section I-A or limited eligibility in Section I-B on VA Form 10-2570g, Dental Outpatient Emergency Referral and Treatment Record. The applicant will complete the information requested in Section I-C and sign the statement of understanding about emergency dental care and billing.

d. The patient seeking VA emergency dental care will be referred for clinical evaluation to the dental service with Section I of VA Form 10-2570g completed. Dental service personnel will examine the patient to determine the action to be taken. Options are as follows:

(1) If the condition will require hospitalization for treatment and/or control, Section II-A of VA Form 10-2570g will be completed and the admission diagnosis will be entered. SF 513, Medical Record--Consultation Sheet, and/or VA Form 10-1158, Doctor's Orders, will be initiated, as appropriate. The patient will be returned to the admitting area with the necessary documents for admission.

(2) If it is determined that the dental condition is amenable to treatment on an outpatient basis and is of such nature that immediate attention is not required (cases not involving pulp, hypersensitive dentin, transient pulpitis, broken dentures, etc.,) Section II-B will be completed and the applicant will be returned to MAS personnel for possible referral to community resources through Social Work Service.

(3) If the dental condition is considered emergent because of severe and unabating pain, significant infection, hemorrhage, febrile course, etc., treatment will be provided but limited to emergency procedures such as opening and draining of root canal, extraction of tooth or root, removal of foreign body, arrest of hemorrhage, focal scaling for debridement, temporary sedative fillings, or other direct procedures for relief of symptoms.

e. Upon completion, a brief description of the emergency treatment provided will be entered on VA Form 10-2570g, section II-C. The form will be signed by the treating dentist and returned to MAS for billing purposes.

f. In most instances, no billing will be made for diagnostic procedures related to these emergency situations (i.e., there will be no charge for the clinical evaluation, required radiographs or biopsies). The exception is for eligible non-service-connected veterans who have been determined to be in Category C. Category C veterans must agree to pay the applicable outpatient co-payment in order to receive emergency examinations and/or diagnostic procedures.

g. Medical Administration Service will establish controls to ensure that a statement of charges for medical services is prepared and forwarded for any ineligible individual who receives emergency dental treatment on a humanitarian basis. The VA Form 10-2570g will be annotated with the number and date of VA Form 10-9014, Statement of Charges for Medical Care, and the completed copies of VA Form 10-2570g will be filed in both the administrative and medical portions of the Consolidated Health Record.

3.06 DETERMINATIONS OF ELIGIBILITY

a. **Administrative.** Applications for outpatient dental treatment will be received and processed for legal eligibility by the MAS.

b. **Professional.** Veterans applying for outpatient dental care who have a service-connected medical condition(s) will be referred for medical evaluation to determine whether or not there is medical concern that a current dental problem might be aggravating the service-connected medical condition.

(1) **Dental Care as Adjunct to Service-Connected Medical Condition(s) (Class III Dental Outpatient).** In applicable situations, VA physicians who are responsible for the outpatient management of veterans with service-connected disabilities will identify the service-connected medical condition(s) they consider is being aggravated or compromised by the

current dental problem (38 U.S.C. 612(b)(1)(D).) The physician will provide certification of adjunctive eligibility for dental care by entering signature, date and pertinent medical diagnosis in the spaces provided in the lower right corner of VA Form 10-2570, VA Staff Dental Outpatient Record. Local policy may also allow use of SF 513, Consultation Sheet, for this purpose, in which case the physician must specify the service-connected medical problem(s) being aggravated or compromised and request dental care as adjunct thereto. Since this document serves as a certification, the signature cannot be delegated to a non-physician. A copy of the request and report should be attached to the outpatient dental record. Upon receipt of a request for adjunct care, the Chief, Dental Service, or professional designee, will then be responsible for diagnosing the dental problem(s) and for determining the specific indication for and extent of dental treatment to be provided. The extent of care will be related to only those dental conditions which, in sound professional judgment, are having a direct and materially detrimental effect upon the service-connected medical condition(s) cited by the VA physician. These determinations are equally appropriate whether the veteran is to be treated by VA staff dentists or if the veteran is to be treated on a fee basis. In either instance, the extent of dental care will be governed by the following considerations:

(a) Whether or not the current dental condition(s) is of sufficient magnitude to adversely affect the medical condition of concern or treatment thereof.

(b) Whether or not the medical condition of concern will require treatment of all the dental needs or completion of only a portion of a comprehensive dental treatment plan.

(2) **Consultations Between Medical and Dental Disciplines.** All necessary consultations will take place between the medical and dental disciplines to assure that each is adequately apprised of the other's concerns and conclusions so that meaningful professional determinations may be made and proper medical management of the patient will be carried out during dental treatment.

(3) **Dental Care as Adjunct to Service-Connected Dental Condition(s).** In outpatient cases where rated service-connected dental conditions serve as the only basis for dental treatment authorization, the Chief, Dental Service, will exercise sound professional judgment in determining the indication for and authorization of dental treatment for any non-service-connected dental condition considered to be essential in the assurance of successfully treating the service-connected dental condition(s). Any additional dental treatment authorized as adjunct under this provision must be identified on the applicable outpatient dental authorization record and the justification and rationale documented by the Chief, Dental Service.

(4) **Consistency in Professional Determinations for Adjunct Dental Care.** The determinations derived from professional judgment must be as consistent as possible. Whether or not the veteran would be treated by VA staff or would be authorized to a fee dentist should not be a factor in the decision. To provide unjustifiable dental care by VA staff is no more correct than to deny justifiable care because the case would have to be authorized for fee-basis care. The only basis for adjunct dental care is predicated on the medico-dental concerns under consideration. Under no circumstances should these determinations result from administrative action alone. Although the program guide, Interdisciplinary Management of Patients Having Compelling Needs for Dental Treatment, may provide some guidance, the use of listings of diseases and correlated eligibility factors should be avoided so that the variable interrelationships of acute and chronic diseases may be recognized and professionally

considered on an individual case basis.

(5) **Denial of Dental Care Based on Professional Determination.** When it has been professionally determined to deny authorization of Class III outpatient dental care, the veteran will be informed of the decision by a letter from the Chief, MAS. If no Class III dental treatment has been provided the veteran previously, the decision for denial may be established initially by the physician, based on noncorrelation between medical and dental problems, or by mutual agreement between the physician and Chief, Dental Service, following consultation. If the veteran has been provided Class III dental care previously, the same procedures may be followed; however, it may be advisable for an ad hoc committee to be convened, comprised of representative, involved professionals since precedent will seem to have been established by the prior authorization. Veterans commonly misunderstand subsequent denials to be a change in policy rather than changes in medico-dental circumstances or relationships. By this method of committee deliberation and action, the potential for complaint of personal bias may be overcome.

3.07 COMPENSABLE SERVICE-CONNECTED DENTAL DISABILITIES

a. Veterans who have compensable service-connected dental disabilities (Class I dental beneficiaries) rated under the 9900 series of the Schedule for Rating Disabilities, by the nature of their service-connected disabilities, have special need for comprehensive programs of oral hygiene, preventive dentistry and periodic maintenance.

b. These Class I applicants will be fully informed of their eligibility for comprehensive dental care on a repeat basis.

c. These veterans should also be encouraged to receive periodic oral examinations, at least annually. A follow-up program should be established at the responsible VA facility, when feasible, or with a fee-basis dentist. However, each episode of dental care will be based on a separate claim and preauthorization.

d. Since many VA facilities are staffed with dental specialists or have consultants in dental specialties, it is desirable that these veterans be treated by VA staff.

e. There are times when there is confusion concerning dental authorization for outpatient dental care for veterans who have other rated, compensable service-connected conditions of the head and neck area. Such conditions as loss of soft tissue, scarring or cranial nerve involvement may have significant impact on oral function even though there may be no physical trauma to the dental structures, per se. These nondental conditions, which are rated under other series, are also designated under the Class I category. These should be considered as medical conditions and the decision as to whether or not dental care will be authorized, as Class III adjunct care, will be professionally determined on the basis of the following:

(1) The dental condition is aggravating the service-connected medical disability of the head and neck area, or, dental treatment is required in maxillofacial restoration of the medical disability, or

(2) The service-connected medical condition of the head and neck area is directly and adversely affecting the oral health status.

f. The only veterans who have direct legal entitlement to dental care on a repeat basis for compensable service-connected dental conditions are those who are rated under the 9900 series of the Schedule for Rating Disabilities. There is no basis for authorization of outpatient dental care for other compensable service-connected disabilities of the head and neck area unless the conditions and provisions of subparagraph e above apply.

3.08 ONE EPISODE OF CLASS II TREATMENT

When Class II eligibility for one-time episode of dental care has been exhausted by satisfactory completion of the authorized treatment, or closed because no treatment was needed, no further Class II authorization may be issued.

a. **Dental Prostheses---Class II.** Following other aspects of authorized care, the furnishing of serviceable prostheses to replace missing service-connected teeth will terminate Class II eligibility to treatment. When required, immediate dentures may be authorized as an interim measure to be followed by the separate authorization for a relined of the immediate denture, if application for this additional procedure is filed by the veteran within a year from date of insertion. Both authorizations will be considered the same episode of treatment.

b. **Periodontal Conditions---Class II.** Specific treatment authorized for noncompensable service-connected or service-incurred periodontal conditions of Class II beneficiaries is expected to provide maximum benefit by the time that episode of care is completed. When that treatment is satisfactorily completed, as authorized, no further treatment or follow-up of the periodontal condition will be furnished by the VA.

3.09 CERTIFICATION OF INADEQUACY OF TREATMENT

In providing outpatient dental services on a one-time episode of treatment basis, it is expected that the services provided for a beneficiary will be adequate in extent and professionally acceptable in quality. When it is professionally determined that additional treatment is necessary, the Chief, Dental Service, may so certify and authorize the additional dental treatment found necessary to properly discharge the VA's responsibility.

3.10 DISABILITIES INCURRED DURING SUBSEQUENT PERIOD OF SERVICE

Beneficiaries who have had treatment completed for eligibility established on prior military service, or who did not file timely applications with the VA following prior military service, may be furnished Class II treatment only for the dental conditions incurred during their latest period of service. A prisoner of war who has had more than one period of service is entitled to repeated episodes of treatment for service-connected dental conditions incurred during all periods of service.

3.11 AMENDED RATINGS

On reapplication, treatment may be authorized for additional service-connected dental disabilities or conditions granted by an amended rating subsequent to completion of the initial episode of treatment. Authorizations will be limited to treatment of the additional service-connected dental disabilities established by the amended rating.

3.12 CLASS II BENEFICIARIES WHO RECEIVE CARE UNDER OTHER THAN CLASS II EPISODES OF CARE

Beneficiaries will be considered to have had one-time completion of Class II benefits and certification of exhaustion of those benefits will be annotated if all the dental care to which they were entitled was furnished during VA hospitalization or under Class III or Class V authorizations.

SECTION II. EXAMINATION AND TREATMENT PROCEDURES FOR STAFF AND FEE OUTPATIENT PROGRAM

3.13 ORAL EXAMINATIONS

An oral examination by a dentist will be accomplished as an integral part of annual or other complete physical examinations performed in VA facilities for service-connected beneficiaries entitled to outpatient medical treatment, as indicated. In addition, oral examinations will be completed for beneficiaries entitled to outpatient dental care when VA dental staff will provide the treatment. In those instances where the outpatient does not have a recent blood pressure determination recorded in the medical record, a blood pressure determination should be made and recorded. Patients with abnormal findings should be referred by consultation to the appropriate medical service for proper disposition.

a. **Beneficiaries Eligible for Outpatient Dental Treatment.** When it can be determined from available records that the beneficiary to be examined is eligible for outpatient dental treatment under any of the provisions of existing statutes and the local dental staff is able to provide the treatment, the oral examination will be recorded on VA Form 10-2570, VA Staff Dental Outpatient Record. If needed treatment cannot be furnished by local staff due to geographic inaccessibility, inability to provide the type of care required or to initiate treatment in a timely manner, MAS will determine if there is another VA health care facility within reasonable distance from the veteran's residence and, if so, ascertain if the dental staff at that facility can provide timely care (initiate treatment within 60 days). The local staff will then complete VA Form 10-2570 while the beneficiary is there, if possible. The VA Form 10-10 and allied papers will be forwarded to the VA facility which will provide the care. If none of these options exist and there are no contracts for the providing of dental care which have been established with other Federal facilities, MAS will forward the completed application for outpatient dental care, VA Form 10-10, to the VA facility for fee jurisdiction. A VA beneficiary will not be referred for fee dental care without justifiable reasons, however. The decision for fee dental care is not the prerogative of the veteran-beneficiary but a VA decision based on the criteria cited above. Of course, a veteran's severe physical infirmities which would make traveling hazardous to veteran's health could be considered an extenuating circumstance which would be both justifiable and documentable. In all cases where referral takes place the veteran will be notified and fully apprised of the action taken (38 U.S.C. 601(4)612 (a), (b) and (f).)

b. **Beneficiaries Referred for Dental Evaluation Prior to Determination of Eligibility for Outpatient Dental Treatment.** When it cannot be determined from available records that the beneficiary is eligible for outpatient dental treatment and the veteran has been referred to determine the need for dental care, the oral examination will consist of careful clinical evaluation. Radiographs will be obtained only when the examining dentist feels there is a

significant indication. A VA Form 10-2570 will not be accomplished but a brief statement regarding the oral findings will be made on SF 509 and signed by the dentist. When the oral examination reveals the need for routine dental care, the patient will be so advised and informed that the treatment cannot be furnished by the VA unless eligibility is established. An entry to this effect will be made on the SF 509. Emergent dental care, if needed, may be provided in accordance with the provisions of paragraph 3.05.

3.14 RECORDS

a. **VA Form 10-2570a, Health Questionnaire for Dental Outpatients.** To avoid possible serious complications, it is essential that the examining and treating dentist have knowledge of a patient's general health status. The dentist must be aware of any past and/or current medical problems and of any medications which a patient is taking. When a dental outpatient examination is accomplished in a VA clinic, the patient should complete VA Form 10-2570a prior to the clinical examination unless adequate current medical records are available. The examining dentist should review the form, clarify any questionable items, make appropriate notes in the Dentist's Remarks section, and sign and date the form at the completion of the clinical examination. When the dental examination is authorized to a fee-basis dentist, the VA Form 10-2570a will accompany the VA Form 10-2570d. Although completion of VA Form 10-2570a is optional for fee basis dentists, they should be encouraged in its utilization. When a case is closed, VA Form 10-2570a will be filed in the treatment folder.

b. **VA Form 10-2570, VA Staff Dental Outpatient Record.** VA Form 10-2570 will be used to record examinations and treatment for all outpatient categories treated by VA staff except those in OPT-NSC status or OPT-SC status (where dental needs relate to medical conditions other than the veteran's service-connected conditions). The use of the form is self-explanatory. Generally, VA staff dental examinations will be completed within 2 weeks of application. Staff treatment workload will be limited to that number of beneficiaries for whom the staff can provide treatment on a timely basis (i.e., treatment to be initiated within 2 months after examination).

c. **VA Form 10-2570d, Dental Record, Authorization and Invoice for Outpatient Services.** VA Form 10-2570d will be used only for dental examination and treatment procedures by fee dentists. It will be used as a single document to authorize fee dental examination, record examination findings and treatment plan and record the treatment furnished. It will also serve as a voucher for payment of services provided by fee dentists. Instructions for administrative processing are contained in M-1, part I, chapter 19.

d. **VA Form 10-2570b, Examination Procedure Instructions for Participating Fee Dentist.** This self-explanatory form must accompany the VA Form 10-2570d when authorization is sent to a veteran-beneficiary to select a currently licensed dentist practicing general dentistry for dental examination and treatment plan.

e. **VA Form 10-2570c, Treatment Procedure Instructions for the Participating Fee Dentist.** This self-explanatory form must accompany VA Form 10-2570d when dental treatment is authorized to a fee-basis dentist.

3.15 RADIOGRAPHIC EXAMINATIONS

Complete full mouth radiographic examinations of not less than 14 films or a single panoramic

view supplemented by necessary intra-oral films will be authorized for initial examination of all eligible beneficiaries. In circumstances where depleted dentition or edentulous status exists, the indication for radiographs should be modified by the examining dentist. On subsequent examinations, only radiographs necessary for proper diagnosis and/or treatment will be authorized. Radiographs will be interpreted and the findings incorporated in the report prior to establishing the treatment plan.

3.16 TREATMENT RECOMMENDATIONS

The type and extend of treatment recommended and authorized must be of sufficient quantity and quality to meet the VA's responsibility of providing the beneficiary a satisfactory and professionally acceptable episode of treatment.

3.17 ORAL DISABILITY EVALUATION EXAMINATIONS FOR COMPENSATION AND PENSION RATING PURPOSES

a. **Requirements for Oral Evaluation Examination.** In all cases for rating purposes of oral conditions and where a possibility exists that oral conditions may have a bearing on other conditions to be rated, a complete oral examination will be conducted by a dentist.

b. **Oral Evaluation Procedures.** Requests for an oral examination will be submitted to the Dental Service on VA Form 21-2507, Request for Physical Examination, or on SF 513, Consultation Request. Examination findings should be accurately and comprehensively reported on this form. If more space is required, SF 507, Continuation Sheet, will be used. Findings should be supported by both intra-oral and extra-oral radiographs and reports of any laboratory data, as required. The evaluation should include but not be limited to the following:

(1) Pertinent history

(2) Physical findings as related to pathoses, abnormalities and dysfunctions

(a) Loss of substance and extent (hard and soft tissue)

(b) Scarring and extent

(c) Deformity and extent

(d) Paresthesia. Location, degree and extent

(e) Limitation of motion and extent

(f) Abnormalities of speech

(g) Dysfunction and extent

(3) Significant dental findings, i.e., malocclusion, periodontal disease, adequacy of masticatory function, serviceability of existing prostheses, etc., should be described.

(4) In cases pertaining to gunshot wounds, fractures or other abnormalities of the mandible or maxilla where there is loss of substance, deformity, scars,

paralysis or any visible residuals, unretouched photographs showing the condition should be submitted. In cases where there is

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limitation of motion of the temporomandibular articulation, or where there is deviation of the mandible, the extent of the limitation of motion or deviation will be recorded, including a description of any resulting malocclusion.

(5) Prognosis for successful restoration by means of corrective surgery or prostheses, including the apparent ability of the supporting tissues to tolerate the wearing of prostheses, should be reported. Options as to social acceptability should also be stated.

3.18 PREOPERATIVE ORAL PROPHYLAXIS

Scaling of teeth sufficient to insure complete and accurate examination will be performed. Oral prophylaxis, if indicated, will be accomplished prior to the initiation of restorative and oral surgery procedures.

3.19 QUALITY OF CARE - REVIEW OF VA STAFF TREATMENT

To assure that entitled beneficiaries have received the authorized dental treatment and that it meets acceptable professional standards, a representative number of Classes I-VI dental outpatients treated by VA staff will be reviewed as part of the Dental Service Quality Assurance program. A clinical examination with reference to the VA Form 10-2570 treatment plan will be performed by the Chief, Dental Service, or an appropriate designee. The examination will normally be accomplished at the last treatment visit for the authorized episode of care.

a. **Selection of Patients for Review.** Classes I-VI patients selected for review will be a random sampling of those treated.

b. **Identification of Discrepancies.** Any discrepancies requiring remedial action such as omissions, unsatisfactory treatment measures, unresolved conditions, etc., will be identified at the time of the evaluation and, if at all possible, a decision made for resolution. If local expertise (including consultants) is not sufficient to resolve the issues involved in a particular case, referral to another VA health care facility having appropriate expertise is recommended.

c. **Recordings of Findings and Decisions.** A brief summary of the findings of the review and any decision(s) for correction will be recorded on the veteran's VA Form 10-2570. If there is not sufficient space on this form, the entry will be made on SF 507, Continuation Sheet, which will be attached to the VA Form 10-2570. The entry will be dated and signed by the Chief, Dental Service, or his appointed designee.

d. **Record of Spot Check Activities.** All Chiefs, Dental Service, are responsible for maintaining a summary record of review activity. This record will include the name and social security number of the veteran, Classification (Classes I-VI), name of treating dentist, name of the examining dentist, date of examination and whether or not discrepancies are found. Decisions for action on discrepancies will be noted.

e. **Followup of Actions Taken.** Followup will be required for discrepancies in accordance with the quality assurance program. If a trend of discrepancies involving any staff dentist(s) becomes evident, a problem-focused SIR (Systematic Internal Review) may be indicated.

SECTION III. FEE JURISDICTIONAL INFORMATION

3.20 RESPONSIBILITY OF CHIEF, DENTAL SERVICE

In States where only one VA facility with fee-basis jurisdiction exists, the Chief, Dental Service, is authorized to act on all matters relative to participating fee dentists within that State. The term State, as used herein, includes the District of Columbia and the Commonwealth of Puerto Rico. In those States where two or more facilities have jurisdiction of a fee-basis program, the Chief, Dental Service, of the facilities listed below will assume the responsibility for coordinating the policies of outpatient fee dental administration and making revisions to the VA Schedule of Maximum Allowances for Fee Dental Services.

Alaska	Alaska has negotiated a program using the usual, customary and reasonable pre-filed fee concept which is administered by the Delta Dental Plan of Alaska. Contracts are negotiated annually with VA Central Office. This program is controlled and co-administered by VA Medical Center, Seattle, Washington.
California	California has negotiated a program using the usual, customary and reasonable pre-filed fee concept which is administered by the California Dental Service. Contracts are negotiated annually with VA Central Office. This program is controlled and co-administered by VA Outpatient Clinic, Los Angeles, VA Medical Center, San Diego, and VA Medical Center, San Francisco. VA Outpatient Clinic, Los Angeles, is designated as the responsible facility for policy coordination and revision of VA Schedule of Maximum Allowances for California.
Louisiana	VA Medical Center, New Orleans
Michigan	VA Medical Center, Allen Park
Missouri	VA Medical Center, St. Louis
New York	VA Medical Center, New York
Ohio	VA Medical Center, Cleveland
Pennsylvania	VA Medical Center, Philadelphia
Texas	VA Medical Center, Dallas
West Virginia	VA Medical Center, Huntington

3.21 PROCEDURE FOR RECOMMENDING CHANGES TO SCHEDULE OF MAXIMUM ALLOWANCES FOR DENTAL SERVICES

a. Review Procedures for Analysis of Fees and Submission Protocol for Approval of Revisions by Central Office

(1) The Chief, Dental Service, of the fee jurisdictional facility, having the responsibility for revisions to the schedule of maximum allowances for that State will, at least annually, review the VA schedule with the responsible MAS dental representative. At this time a firsthand knowledge analysis will be made as to whether or not either official has experienced chronic deficiency problems associated with inadequate fees for any specific service. Criteria for identifying deficiencies will be based on:

(a) Unusual difficulties with veterans being unable to easily find private dentists who are willing to accept them as their patients within the current schedule of maximum allowable fees.

(b) Increased complaints from general practitioners over unacceptably low fees being authorized by the VA. (Reports of contact should be retained by the Chief, Dental Service, and the MAS representative to serve as documentation of these problems when a review is undertaken.)

(c) When the frequency of need to reduce usual and customary fees (so as to comply with the current maximum allowances) submitted by private dentists on VA Form 10-2570d for a specific service approximates or exceeds 25 percent, the service so affected is in need of being surveyed and analyzed for possible revision. Conversely, this review will identify when the maximum allowance for a specific service is too high. If the frequency of need to reduce a usual and customary fee approximates or is less than 10 percent, this service will also be incorporated in the survey.

(2) The Chief, Dental Service, will contact Chiefs of Dental Services of all other fee jurisdictional facilities in that particular State to ascertain if their experiences (using these criteria) are similar or if they have experienced other problems peculiar to their locale. This information will be incorporated into the preliminary decisionmaking process.

(3) The fee dental services (procedures) identified as deficient will be listed and a 2 months' survey will be conducted by the MAS dental representative recording the dollar amounts of the usual and customary fees submitted by the private dentists on VA Forms 10-2570d. Factors relating to the raw data collection survey are:

(a) The survey may include all, some, or only a single service, depending on the results of the preliminary decisionmaking process.

(b) Reviews and surveys may be conducted more frequently than once a year, depending on the acuteness of the situation.

(c) A high volume facility which can gather good broad-based data can compress the survey into a shorter time period. However, data that is not broad-based enough to be representative is invalid.

(d) The survey will be conducted so that every fee treatment plan is reviewed and recorded consecutively rather than on a geographic or pre-selection basis. Mini surveys may be conducted at the same time, for local information, but must not affect the consecutive order of the basic survey.

(e) No more than one entry (in dollar amount) will be recorded for each different service in a treatment plan. Example: A treatment plan recommends prophylaxis at \$18, three extractions at \$15 each, two crowns at \$180 each, two MO amalgams at \$22 each, and three MOD amalgams at \$30. The services and amounts recorded in the survey will be:

Prophylaxis	18
Extraction	15
Crown (full cast)	180
Amalgam MO	22
Amalgam MOD	30

The next treatment plan will be recorded similarly.

(f) A survey format may be developed listing all the services which will be surveyed, leaving space opposite each for recording the applicable fee from each treatment plan, regardless as to whether the fee submitted is at, below or above the VA maximum allowable fee.

(g) Following completion of the survey, the raw data will be summarized and organized using VA Form 10-2507e, Worksheet for Organization and Analysis of Data Summarized From Dental Fee Survey. (See app. 3A.)

(4) When the percentiles and fees have been established, the fees corresponding to the 75th percentile will be entered (in red) alongside the applicable current "Maximum Allowances" in the VA Schedule of Maximum Allowances for Fee Dental Services.

(5) A packet will be formed containing the annotated schedule described in subparagraph (4) above, and copies of the completed worksheets described in subparagraph (3)(g) above. These will be submitted for approval to the ACMD for Dentistry (162) by a transmittal letter from that facility's Director.

(6) If the preliminary decisionmaking process described in subparagraph (1) above, or the fee dental survey described in subparagraph (3) above, confirm that no changes to the Schedule of Maximum Allowances are needed, a letter to this effect will be prepared for the Director's signature and sent to the ACMD for Dentistry (162).

(7) When the results of a survey demonstrate that a current maximum allowable fee is excessive (either due to prior error or due to the influence of economic recession), recommendation for a reduction to the current fee will be made.

b. Distribution of Revised Schedules. Following final approval of the revised schedules from Central Office, an effective date will be established which will allow time for the duplication and distribution of the revised schedules. All cases authorized prior to the effective date of the updated schedules will be paid in accordance with the allowances in effect at the time of authorization. Distribution of these schedules (with approved maximum allowances included) will be made by the Chief, Dental Service, and must be restricted to the following fiscal and

MAS at each fee jurisdiction facility on a "need to know" basis only.

c. **Communication to State Dental Association.** The appropriate representatives of the State Dental Association should be informed that the allowances of the VA schedule represent internal controls and that, in making a claim for payment of services, each dentist must not charge more than the usual and customary fees which are normally charged the general public. The requirement for specific knowledge of the VA maximum allowances, by outside parties, is not considered essential for the submission of their usual and customary fees and, to avoid any implication in price fixing, the revealment is prohibited. Negotiations with State dental associations will not be entered into for the establishment of VA maximum allowances. When revised Schedules of Maximum Allowances for Fee Dental Services are approved, they will be implemented on the effective date. Neither dentists, dental societies nor State dental associations will be notified when fee changes take place since it is the responsibility of each practitioner to submit their own usual and customary fees.

3.22 FORMAT FOR SCHEDULE OF MAXIMUM ALLOWANCES FOR FEE DENTAL SERVICES--USE AND RESTRICTIONS

To assist Chiefs of Dental Services in developing a Schedule of Maximum Allowances for Fee Dental Services and to assure some uniformity, a format, which includes the elements most essential for a reasonably comprehensive schedule, is provided in appendix 3B. For VA internal use only, the approved maximum allowances may be added to the basic format in alignment with the services listed. Since the basic format contains specific guidance information which may be beneficial to participating dentists, appendix 3B may be duplicated (without specified maximum allowances or effective date included) and supplied to whomever may benefit from its information.

3.23 REQUIREMENTS FOR UTILIZATION OF PRIVATE DENTAL PRACTITIONER

The policy of the VA is to utilize, on a fee basis, all ethically and professionally qualified dentists who are licensed to practice in the State where the services are to be furnished and who agree to provide dental services to veterans for preauthorized fees. This requires no application by the dentist for appointment. The veteran whose dental care will be authorized to a fee dentist is requested to select any currently licensed dentist practicing general dentistry.

3.24 SPECIAL ALLOWANCES FOR NEEDED AND UNUSUAL DENTAL SERVICES REQUIRING TREATMENT BY A DENTIST WITH SPECIAL QUALIFICATIONS

a. Allowances in excess of the VA approved maximum allowances may be approved for dental services listed under items 6 and 8 and comparable services of Appendix 3B, VA Schedule of Maximum Allowances for Fee Dental Services, for unusual or difficult procedures which require treatment by a dentist having special qualifications. The need for a special fee must be fully documented and justified. Before approval of a special fee, the Chief, Dental Service, will determine:

(1) If the special fee is the usual and customary fee of the dentist providing the treatment which is routinely charged to other private patients for the same service.

(2) If the fee is reasonable and not in excess of that charged the general public for a similar service in the community concerned.

b. When a special fee has been approved, the service and special fee authorized will be identified by the use of asterisks in items 17 and 22 of VA Form 10-2570d. Any documents of justification from the fee dentist or annotations by the Chief, Dental Service, as bases for the special fees, will be forwarded to MAS with a copy of VA Form 10-2570d where they will be retained. These will be attached to the original VA Form 10-2570d at a later date following the completion of treatment and its final submission to the VA for payment.

3.25 EMERGENCY DENTAL TREATMENT PROVIDED BY FEE DENTISTS

Payment may be provided for emergency dental treatment of eligible Classes I-VI dental beneficiaries without prior authorization provided notification is submitted to the VA fee jurisdictional facility not later than 15 days after the emergency treatment was initiated.

3.26 REQUIREMENT FOR SECOND-OPINION EXAMINATION

Current statutes require that a "SECOND OPINION", by means of clinical reexamination of the veteran, be obtained in all cases where the total of a fee dental treatment plan exceeds \$500. MASs and Dental Services will coordinate in fulfilling the following procedures, as outlined:

a. A fee jurisdictional facility, having received a treatment plan which exceeds \$500, will determine if there are any VA health care facilities (having a dental service) within a 150 mile radius of the veteran's residence. The 150 mile radius may be exceeded in individual cases depending upon the extent and character of the treatment plan, the veterans medical condition and availability of suitable transportation.

b. Medical Administration Service will contact the veteran and inform the veteran that a second examination is necessary. The dental radiographs and VA Form 10-2570 (excluding the fee dentist's treatment plan) will be forwarded to a specified VA health care facility, which in turn, will establish a date and time for the examination with the veteran. Beneficiary travel will be provided by the facility conducting the second examination.
All VA health care facilities will fully participate in this program.

c. A VA dentist will examine the veteran to determine dental problems and establish an independent treatment plan which, in the dentist's professional opinion, will provide a reasonable and satisfactory resolution. This treatment plan will be recorded on a new VA Form 10-2570 and, with the radiographs, will be sent back to the Chief, Dental Service, at the fee jurisdictional facility. The two treatment plans and radiographs will be reviewed there by the Chief, Dental Service, or professional designee, and a judgment made as to which plan is most reasonable and satisfactory. If the VA plan is selected, the following procedures will apply:

(1) If the veteran is geographically accessible to a VA facility for multiple visits, the veteran will be treated at that facility if treatment can be initiated in a timely fashion.

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(2) If the veteran cannot be provided timely care by the VA or if the veteran is not geographically accessible to a VA facility, the fee jurisdictional dentist will contact the fee dentist to reveal that a second opinion has determined that optional treatment would be satisfactory and more reasonable. If the fee dentist will treat according to the altered treatment plan (assuming fees are compatible with the VA fee schedule) then authorization can be made. If not, the veteran will be instructed and authorized to seek another dentist.

d. If a VA health care facility for conducting the second-opinion examinations is not available within a 150 mile radius of the veteran's place of residence, the Chief, Dental Service, or professional designee, of the VA fee jurisdictional facility will contact a second dentist in the private practice of general dentistry close to the veteran's residence. The VA dentist will explain about the legal need for a second dental examination. The veteran's radiographs (received from the first fee dentist and remounted by the VA for anonymity) will be forwarded to the second dentist with a VA Form 10-2570d containing authorization for examination only. The veteran will be informed by MAS that the veteran will be contacted by Dr. _____ for a second examination. Travel will be paid, as applicable, by the fee jurisdictional facility. Additional radiographs will be authorized when determined to be unavoidable. The second fee dentist will conduct a dental examination and generate an independent treatment plan (including fees) and submit it, with all radiographs, to the VA fee jurisdictional facility.

e. If the veteran refuses to participate in the second examination effort or to accept a treatment plan determined by the VA to be satisfactory, the case will be closed and the veteran so informed.

f. Both fee treatment plans will be reviewed at the fee jurisdictional facility. If both plans are satisfactory and there are no distinguishable advantages of one over the other and the fees of each dentist are within the VA Schedule of Maximum Allowances for Fee Dental Services, the first fee dentist (the one originally selected by the veteran) should be authorized to provide the dental care. If both plans are satisfactory but the first fee dentist's fees exceed the VA maximum allowances and the second dentist's fees are within the schedule, the Chief, Dental Service, will contact the first fee dentist to determine if the dentist is willing to provide the treatment for fees within the VA schedule. If not, the second fee dentist will be authorized to provide the treatment and the veteran will be so informed. If both plans are satisfactory but both dentists' fees exceed the VA maximum allowances, the first fee dentist will be contacted first to attempt satisfactory negotiation over the fees. If unsuccessful, negotiation will be instituted with the second fee dentist. If both negotiations fail and the Chief, Dental Service, does not feel optimistic that an additional authorization for a third fee dentist's examination would be productive of lower fees, the fee dentist with the less costly plan will be authorized to proceed with treatment. Whenever negotiations with the first fee dentist fail, the VA is obligated to communicate with the veteran providing explanation as to why the VA will be referring the veteran to the second fee dentist for treatment.

g. All of the foregoing paragraph is predicated upon the reviewing dentist's satisfaction that both treatment regimens would provide dental care of adequate quality and extent to resolve the dental problems for which the VA has responsibility. If there are significant differences in the type of treatment to be provided in the two plans, the VA reviewing dentist must determine

which plan will provide satisfactory resolution of the veteran's needs. When the decision is in favor of the second fee dentist's submission, tactful communication with the first fee dentist must take place with adequate explanation to avoid any implication of personal bias.

h. When the first fee dentist (who provided the dental radiographs) is not the one authorized to provide the treatment and the veteran desires that the radiographs be returned for his/her records, the VA will duplicate the radiographs and return the originals to the dentist, as requested.

i. If there is no VA health care facility nor a second fee dentist within a 150 mile radius of the veteran's residence to give a second opinion, the Chief, Dental Service, or his professional designee, without a clinical exam will render a judgment as to the extent and appropriateness of the proposed treatment as well as its compatibility with the VA fee schedule. If there are significant differences, the fee dentist will be contacted and negotiated with until a satisfactory resolution is attained.

3.27 QUALITY OF CARE--SPOT CHECK OF FEE TREATMENT

a. To help assure that entitled beneficiaries receive the authorized dental treatment and that it meets acceptable professional standards, a percentage of patients treated by fee dentists will be spot checked. Each clinic of fee jurisdiction will arrange for the veteran's examination at the most convenient VA facility. Chiefs, Dental Services, of all designated facilities will participate in this program, as required. In order to accomplish this program on a meaningful and representative basis, the selection of fee patients for spot check will be, to the maximum extent possible, random samplings of patients who have been authorized routine dental care and reside in widely dispersed geographic locations. If a reasonable mix of patients who have been authorized extensive dental care does not surface by random sampling selection, then those patients will be spot checked in addition to the following random sampling:

(1) Fee jurisdictional facilities with projected fiscal year workloads of dental fee cases to be completed which exceed 200 cases will plan to accomplish post-treatment spot check evaluations for 5 percent of the cases actually completed in that fiscal year.

(2) Fee jurisdictional facilities with projected fiscal year workloads of dental fee cases to be completed which are 200 cases less will plan to accomplish post-treatment spot check evaluation for 10 percent of the cases actually completed in that fiscal year.

b. Other factors for spot check evaluations which should be considered and responded to, but which will be in addition to the requirements of subparagraph a (1) or (2) above, are:

(1) When a patient has indicated lack of satisfaction with the dental care received.

(2) When a patient has received treatment from a fee dentist with whom the VA has experienced previous problems.

(3) When a treatment plan from a fee dentist raises serious questions concerning the extent or type of care, The dentist will be contacted by the Chief, Dental Service, or professional

designee. If differences remain unresolved, then the patient will be examined, by the VA, prior to treatment authorization.

c. The request to the veteran for post-treatment examination should indicate that the examination is for the purpose of assuring that veterans receive all the treatment to which they are entitled.

(1) **Recording Findings.** A brief summary of the findings of the spot check examination will be recorded on the veteran's VA Form 10-2570d. If there is not sufficient space on this form, the entry will be made on SF 507, Continuation Sheet, which will be attached to VA Form 10-2570d. The entry will be dated and signed by the examining dentist. Nonjurisdictional facilities will return the records to the clinic of jurisdiction. All VA health care facilities will maintain a record of their spot check activities. This record will include the name and social security number of the veteran, classification (Classes I-VI), name of the fee dentist, date of examination and whether or not discrepancies are found. If found, the record will indicate the type of discrepancy as to:

(a) Minor.

(b) Major (involving either quality or misrepresentation). These discrepancies will be adequately documented as to detail and supported by evidence which would be beneficial in retrospective analysis (study casts, xrays, photographs, etc.). These items should be retained by the VA facility conducting the spot check until final disposition of the case is determined.

(2) **Action on Discrepancies.** Corrective action must be initiated within 2 weeks by the VA jurisdictional facility. One or more of the following options may apply:

(a) Arrange for the return of the veteran to the treating dentist for satisfactory completion of authorized services.

(b) Reauthorization of services, not satisfactorily performed, to a VA facility for treatment and recovery of monies from original fee dentist.

(c) Reauthorization of services, not satisfactorily performed, to another fee dentist and recovery of monies from the original fee dentist.

(d) Report of irresolvable, unsatisfactory treatment to the State Dental Association Peer Review Committee.

(e) Major discrepancies involving misrepresentation (including fraud) will be coordinated with MAS and reported in detail to the District Counsel for appropriate action. When an SF 1114, Bill of Collection, has been submitted by MAS to Fiscal Service, the report of final action taken or to be taken by the District Counsel should be sent to Fiscal Service to determine whether collection of the amount should be pursued, suspended or terminated.

(f) Followup will be accomplished in cases where action on discrepancies was determined necessary. This may take the form of telephone calls to or correspondence with the dentist or patient, or reexamination of the patient.

(Except as otherwise indicated, the provisions of Hh. 3 are based on 38 U.S.C. 212 and 621.)

Appendix 3A is not available on WANG; a copy may be Xeroxed in the VHA Library

VETERANS ADMINISTRATION SCHEDULE
OF MAXIMUM ALLOWANCES FOR FEE DENTAL SERVICES
STATE OF _____
EFFECTIVE _____

The services listed are those for which maximum allowances have been designated and approved for veteran beneficiaries treated by dentists in the State of _____. A DENTIST MUST NOT MAKE CLAIM FOR PAYMENT OF FEES IN EXCESS OF THOSE CHARGED THE GENERAL PUBLIC AS USUAL AND CUSTOMARY FEES. Fees submitted, which are less than those of this schedule, will be honored as the individual's usual and customary fees. Those which are in excess will be reduced to comply with the schedule. Acceptance of a treatment case, which has been authorized by the VA, constitutes a contract to provide the authorized services for the stipulated amounts as payment in full. THE PATIENT MUST NOT BE REQUESTED TO PAY ANY DIFFERENCES BETWEEN THE AMOUNTS. AS AUTHORIZED, AND THE DENTIST'S USUAL AND CUSTOMARY FEES FOR THE SAME SERVICES. However, any dental treatment the veteran may need for non-service-connected conditions, for which the veteran has been determined ineligible and which has not been authorized by the VA, may then become a private matter between the dentist and patient. In order to avoid any misunderstanding concerning fraud, submission of completed VA Form 10-2570d (or other invoice) to the VA for payment should not take place until all the treatment for which claim is being made has been provided. The items listed in this schedule are limited to those procedures most often used in the authorization of outpatient dental treatment for general dental services. This does not preclude the authorization of other services when required. If there is need for services not listed or specified, recommendations with justification will be submitted to the Chief, Dental Service, at the VA issuing office for approval of a special fee. The VA conducts a program of post-treatment evaluation to assure satisfactory conclusion to the care authorized in behalf of the veteran.

MAXIMUM

ALLOWANCES

1. Examination and execution of VA Form 10-2570d.....

(Sufficient scaling of teeth to ensure complete and accurate examination will be performed. Authorization for examination and xrays does not include any dental treatment (except emergency). If there are existing diagnostic radiographs, and professional judgment would contraindicate patient exposure to additional radiation, this service and its authorized fee should be crossed out on the VA Form 10-2570d and initialed. Recommended treatment, along with xrays, must be returned to VA issuing office for review, determination of veteran's extent of entitlement and authorization of that treatment which will be paid for by the VA.)

2. Radiographs:

- a. Single periapical-first film
- b. Each additional film
- c. Maximum fee

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- d. Full-mouth xrays (minimum 14 films)
 - e. Full-mouth panoramic xray film (to be accompanied by supplemental periapical and/or bite-wing films when indicated)
 - f. Bite-wing films (only when full-mouth periapical xrays have not been accomplished)---only two interproximal or four periapical size films
 - g. Intra-oral film, occlusal view, maxillary or mandibular, each
 - h. Extra-oral film (mandible or maxillae and facial bones), each
3. Emergency treatment, palliative (for hard or soft tissue pathosis)
(VA Regulations require that any emergency dental care provided an eligible VA beneficiary must be reported to the VA within 15 days of the date of treatment or it will be considered as unauthorized care. Since emergency dental needs cannot be anticipated nor preauthorized, the care provided must be reported promptly to determine eligibility and insure payment)
4. Prophylaxis treatment (to include scaling of teeth)
5. Periodontal treatment
(Fees for periodontal care will be established on an individual case basis following submission of evidence of a thorough periodontal evaluation and complete treatment plan. Fees will depend upon extent of disease, type of treatment involved, etc. Normally, this will involve direct communication between the office of jurisdiction and the fee dentist.)
6. Oral Surgery:
(Fees allowed for all dental surgical procedures include local anesthesia and routine postoperative care without additional charge.)
- a. Extractions--per tooth
 - b. Impacted tooth
(Fees within the allowable range to be determined by the authorizing dentist according to type and severity of impaction (soft tissue, partial bony, bony, disto-angular, etc.))
 - c. Alveoloplasty--(per quadrant or equivalent)
(Alveoloplasty may be authorized, when indicated, for edentulous areas as a preprosthetic procedure. However, in a quadrant undergoing concurrent extractions, a fee for alveoplasty will be authorized only when it is necessary to lay a subperiosteal flap, recontour the alveolar bone, readapt the flap and suture. Mere ronguering of perialveolar or crestal bone following extraction(s) is not considered on alveoloplasty in this context.)

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7. Postoperative treatment not covered by flat fee--on supplemental authorization with necessity shown

8. Root Canal Therapy:

a. Extirpation of pulp treatment, filling of root canal, single rooted tooth, radiographs
(Radiographs showing completed root canal filling must be submitted with completed VA Form 10-2570d at no additional charge.)

b. For each additional canal filled

c. Apicoectomy (in addition to 8a above).....

9. Amalgam restorations:

(All fees for tooth restorations will include local anesthesia and pulp protective media, where indicated, without additional charge. When an unforeseen need for a retentive device develops during authorized restorative dental treatment, this additional treatment may be performed prior to specific authorization. A pin amalgam restoration is a typical example of such treatment. The additional services rendered may be certified for payment by Chief, Dental Service, in accordance with M-1, part I, chapter 19.)

a. Involving one tooth surface

b. Involving two tooth surfaces

c. Involving three or more tooth surfaces

d. Retention pin--only where extent of restoration requires its utilization--each

10. Gold restorations:

a. Involving one tooth surface

b. Involving two tooth surfaces

c. Involving three or more tooth surfaces

11. Composite restorations:

(Fee will not be approved by the VA for posterior restorations which include occlusal surfaces. Proximal restorations of anterior teeth, not including incisal angles, are considered as single surface restorations.)

a. Class I and V restoration

b. Class III restoration

c. Class IV restoration

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12. Fixed prostheses: (Crowns, pontics, facings)
(Correction of occlusion is considered a part of completed prosthodontics and multiple restorations involving occlusal surfaces.)

a. Crowns:

- (1) Porcelain jacket crown
- (2) Full cast gold crown
- (3) Cast gold crown with resin veneer*
- (4) Porcelain fused to gold (Ceramco or equivalent)*
- (5) Three quarter crown

(*Crowns with esthetic veneers will not be authorized posterior to the maxillary and mandibular first molars. Unusual esthetic requirements will be justified on an individual case basis.)

b. Pontics:

- (1) Cast gold (sanitary)
- (2) Porcelain fused to gold (Ceramco or equivalent)
- (3) Steele's facing type
- (4) Tru-pontic type

13. Recementation:

- a. Inlay
- b. Crown
- c. Fixed partial denture (bridge)
- d. Facing or pontic

14. Removable Prostheses:

(Fees for all removable dentures include adjustments needed. Gold removable partials will be approved only as special fee items.)

a. Complete maxillary or mandibular denture: Resin

b. Immediate maxillary or mandibular denture: Resin
(The dentist inserting the immediate denture will advise the veteran that, when indicated, a one-time rebase (duplication) or reline will be authorized on the veteran's reapplication. The application, however, must be submitted not later than 12 months after insertion of the immediate denture.)

- c. Partial maxillary or mandibular denture with two cast chrome-cobalt alloy clasps with rests: Resin Saddles
- d. Partial maxillary denture with cast chrome-cobalt palatal major connector and two cast chrome-cobalt clasps with rests: Resin saddles
- e. Partial mandibular dentist chrome-cobalt lingual bar or apron major connector and two cast chrome-cobalt clasps with rests: Resin saddles
- f. Clasp with rest: Cast chrome-cobalt alloy
(Additional to 14c, d or e above)--each
- g. Denture adjustment
(Fee for denture adjustment may be authorized, when indicated, but not to the dentist who constructed the appliance during the original authorization.)

15. Repairs to prostheses:

- a. Repair of broken denture--no teeth involved
- b. Replacement of broken teeth on intact denture:
 - (1) First tooth
 - (2) Each additional tooth
- c. Replacement of broken teeth on broken denture: Each replacement tooth (in addition to fee for 15a above)
- d. Addition of teeth to partial denture to replace extracted natural teeth:
 - (1) First tooth
 - (2) Each additional tooth
- e. Replacement of broken facing
- f. Replacement of clasp on denture (clasp intact)
- g. Replacement of clasp on denture with new clasp

16. Refabrication of existing removable dentures:

(Fees for chairside "in the mouth" reline with self-curing rebase material will not be authorized. Both rebase and reline procedures must be generated from intra-oral border refinement (if indicated) and a new impression of the supporting tissues.)

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a. Rebase (duplication, replacement of entire base area of denture)--flask
cured

b. Reline (addition of new denture material to base of denture) flask
cured

17. Plaque control program:
(Fee for plaque control (preventive dentistry) will be allowable only when supported by detailed documentation of a significant and acceptable program which is regularly provided as an integral part of the individual dentist's usual practice procedure.)

a. Initial visit (to include prophylaxis, instruction, demonstration, etc.
(Separate fee for oral prophylaxis will not be paid when Plaque Control Program has been authorized)

b. Followup visits (maximum of 3)--each

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